

ORIGINAL

34
10/10/01

United States District Court
For The
Middle District of Pennsylvania

Randy Alan Starner

V.

No: 01-CV-757

Dr. Daniels, Prison Physician;
Helen Sneed, Deputy Warden
of Treatment; Earl Reitz, Warden
Cumberland County Prison;
Richard Rovegno, Commissioner
Cumberland County, and
Cumberland County

(William W. Caldwell)
J.

(Title 42 U.S.C.A. § 1983)

Exhibits
To Brief In Support of
Motion For Denial of
Defense Counsel's
Motion To Dismiss Plaintiff's Complaint

FILED
HARRISBURG

OCT 10 2001

MARY E. D'ANDREA, CLERK
Per AS
DEPUTY CLERK

INDEX OF EXHIBITS

Nerve Conduction Studies and
Report; -EX-A

Right Cock-Up Wrist Brace;
EX-B

Left Cock-Up Wrist Brace;
EX-C

(Braces at Clerk of Court, Harris.)

EXCERPTS from medical records
on file, Medical Department,
Cumberland County Prison;
EX-D

Documentation from Family
Home Health Care Products, Inc.
Ex-E

Letters to, Mr. Reitz, Warden;
Mrs. Sneed, Deputy Warden of
Treatment; and Dr. Daniels.
Ex-F, G

Response, from Mrs. Sneed,
Deputy Warden of Treatment
pertaining to letters.
Ex-H

R. J. Starnes

1001 Charleston Road
Carlisle, PA 17015

DOB: 09/01/1955

Outpatient: Michael O. Daniels, M.D.

January 22, 2001

Method: Excel 2-channel EMG by Caldwell.

ELECTROMYOGRAPHY
NERVE CONDUCTIONSIMPRESSIONDELAYED/DEPRESSED DISTAL MEDIAN NERVE CONDUCTION —
RIGHT.COMMENT

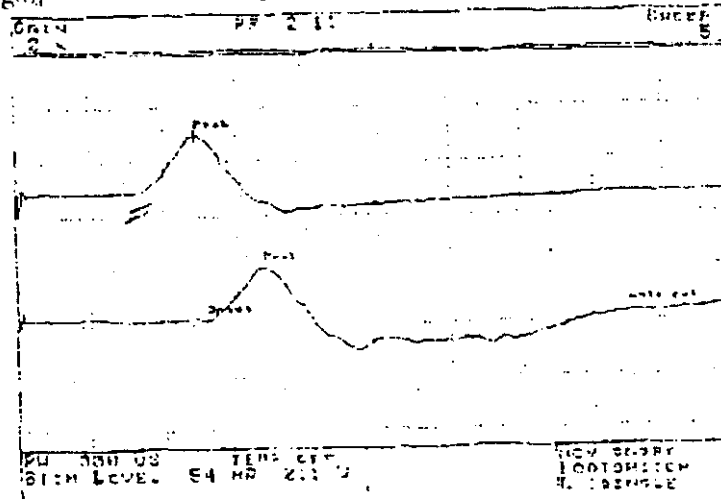
The patient reports sensory symptoms in the hand. Motor and sensory nerve conductions were performed using .2 ms supramaximal stimulation. The distal evoked response for the median nerve recorded over the opponens pollicis is markedly delayed in onset to 8.0 ms (normal less than 4.0). The M-response illustrated below is significantly depressed in amplitude — 2,200 μ V (normal 7,000-10,000 μ V). No distal median nerve sensory response could be obtained over the flexor skin of the second finger. Distal median nerve conduction obtained on the left side by the same technique is borderline normal. Ulnar nerve conductions are intact. The ulnar F-response is mildly delayed.

Needle examination revealed rare positive waves in the opponens pollicis. Action potentials produced with voluntary contraction were occasionally polyphasic in nature.

The findings are indicative of distal median nerve compression within the carpal canal.

ICJ/gmj

NERVE CONDUCTION STUDIES



RIGHT MEDIAN NERVE

Stim	Amplitude (mV)
APB	8.0
Wrist	8.0
Wrist + 10cm	13.0
Wrist + 20cm	8.0
Wrist + 30cm	8.0

Dist (cm)	Latency (ms)	Amplitude (mV)
1-2	8.0	8.0
2-3	8.0	8.0
3-4	8.0	8.0
4-5	8.0	8.0

Amplitude (mV)	Latency (ms)
2200	8.0
1800	8.0
1600	8.0

LEFT MEDIAN NERVE

Stim	Amplitude (mV)
APB	8.0
Wrist	8.0
Wrist + 10cm	13.0
Wrist + 20cm	8.0
Wrist + 30cm	8.0

350 WALNUT BOTTOM ROAD
CARLISLE, PA 17015
(717) 243-3944

J. CHAD JURGENSEN, M.D.
Neurology

A

SUMMARY OF EXAMINER'S FINDINGS

NERVE CONDUCTION REPORT							
Nerve	Site	Onset (ms)	Delta (ms)	Dur (ms)	Ampl (uV)	Dist (cm)	NCV (m/s)
R Median Motor	Wrist	8.00*	----	----	2300.0	----	----
	ante cub	12.80	4.80	----	1990.0	23.0	47.90*
R Median Sensor	wrist	*** Unobtainable					
R Ulnar Motor	Site 1	3.20	----	----	8800.0	----	----
	Site 2	8.90	5.10	----	8200.0	23.0	54.90
R Ulnar F-Wave	Wrist	24.30	24.80	----	190.0	----	----
L Median Motor	Wrist	4.50*	----	----	7400.0	----	----
	ante cub	8.40	3.90	----	7200.0	24.0	61.50
L Median Sensor	wrist	3.81	----	1.68	12.4	----	----

ENG NEEDLE STUDY								
Side	Muscle	Nerve	Root	Fib	FSU	Ply	FSU	Rec
Rt	1st Dors Int	Ulnar	C8-T1	0	0	Nml	0	Nml
Rt	Biceps	Radial	C5-6	0	0	Nml	0	Nml
Rt	Oppon Pollicis			0	1+	2+	0	75%
								Abnormal

A

03/15/01 THU 12:20 FAX 717 245 8792

CUMM CO PRISON

0007

DATE	AILMENT	TREATMENT	DOCTOR
10.16.00	Go epidid @ Arter hearnes - Arter is abrupt + short-lived @ rest or activity No CP/SOB. BP 137/90 pulse 72 reg ur @ / sales. H? P/ Absence		W.D. Jones
12.3.00	OSCO - Reports head tingling - Brown numbness. B/P 160/100 - Suggested rest today seek call tomorrow for re - (Kell & Nanda)		
20.4.00	cc - (R arm numbness (from elbow down to finger tips) x 1 1/2 weeks - no strength in R hand R arm 144/100 L arm 140/92 - left arm feel normal - Denies HA or any other body aching - mod. head pain / numbness / tingling never completely relieved - Stronger E side of arm. Pain in D.		
12.4.00	@ Arter tingling / numbness - looking in Canada. @ Symptom UET Flare grips the reflexes Symptom 1+		
	H? Terlantra / CTT P/ first within way head to V activities		W.D. Jones
12.20.00	cc - Control (R arm numbness / tingling - seems to be getting worse - some pain radiating to H/arms - Request to see / by CD.		W.D. Jones
12.22.00	Schedule Feing - NCS. - persistent tingling.		W.D. Jones
1.9.01	fun		W.D. Jones
1.12.01	fun		W.D. Jones

D

03/15/01 THU 12:21 FAX 717 245 8792

CUMB CO PRISON

0009

DATE	AILMENT	TREATMENT	DOCTOR
1/17/01	SID		B. Wright
1/26/01	revised lab (G/C / chlamydia)		McKenna
020201	Here to discuss EMG results to Dr.		Dr. Wright
022101	cc - pain extending up (R arm to elbow) - "putting in more"		
	- will call office so that EMG results can be brought in.		Dr. Wright
2/23/01	Confrontative about EMG NCS results		Dr. Wright
022401	Here to see report on EMG study. Recommend R hand cockup splint and Motrin No work in laundry.		Dr. Wright
3/16/01	Seen by Dr. Manfredi No for Nerve conduction		Dr. Wright
030701	cc - (R) elbow pain - getting worse (see note 02/21/01) - Routine Motrin - not effective - wearing (R) hand splint 5 months - interested in surgical correction Ref to Dr.		Dr. Wright
3/7/01	S. 90 persistent numbness fingers (R hand) x 3 months Wearing wrist splint R hand. O. C. Thich Thich Mander showing as atrophy A. CTS P. Try to obtain what splint = plaster D. Thich		Dr. Wright

D



Family Home Health Care Products
7 N. Baltimore Ave
Mt. Holly Springs, Pa 17065
717.486.5201
866 486 5201 toll free

Randy A. Starner
79 Corporation St.
Newville, Pa. 17241

Dear Mr. Starner,

Thank you for your recent letter inquiring about our cockup wrist splints. We have several selections of these in different colors and styles, in all of the various sizes for both right and left hands. I really do not have any pamphlets of these that I can send you, but I can briefly describe what it is that they do. I also don't have the time to research and find materials to educate you on carpal tunnel syndrome, but I will briefly describe it to you in this letter as follow:

- **Carpal tunnel syndrome:** Chronic pain and paresthesia in the hand in the area of distribution of the median nerve, caused by compression of the median nerve by fibers of the flexor retinaculum, and associated with repetitive motion, as in typing or playing a musical instrument.

This is the definition as it appears in Stedman's medical dictionary. To simplify things I will define it in my own words. Imagine a series of control rods sheathed within an outer covering, all working back and forth against each other. These control rods are what extends and contracts your fingers, wrist, etc. As these control rods work back and forth they cause friction against one another, if there is too much friction this causes irritation which in turn causes swelling. Especially where a "crimp" is formed, by dropping your wrist, crimping the sheath and creating a pinch point. This swelling impinges on a nerve cluster causing numbness and tingling. Repetitive motions with your wrists dropped is the most common cause of the problem.

The best way to prevent the problem from worsening is with the use of a cock up wrist splint. These splints keep your hands in an extended position, (not bent downward at the wrist), and alleviates the pinch point. At first the use of these splints will seem awkward and feel strange. In a few days though it will seem perfectly normal and should solve much of the problem associated with carpal tunnel syndrome.

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The cost of these range from \$9.95 to \$18.95 depending on how much immobilization you require and the style that appeals to you. The best way I can be of further assistance to you is for you to come visit our store, so I can show you the various braces and go from there.

I hope this answers your questions satisfactorily, and I look forward to meeting you. Feel free to call me if I can be of any further assistance.

Sincerely yours,

Steve Burkholder

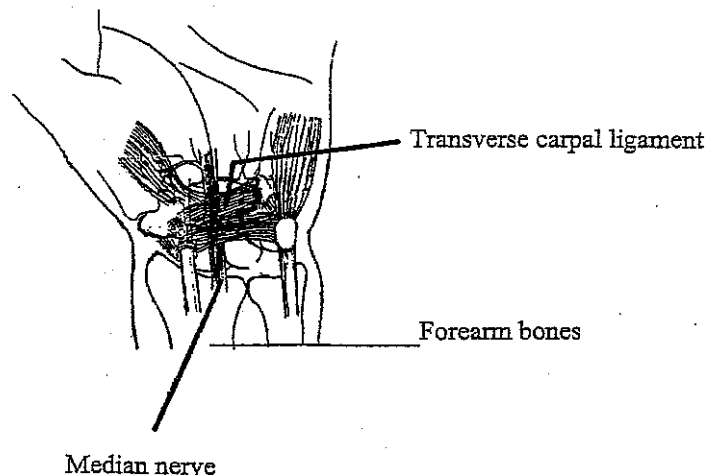
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WHAT IS CARPAL TUNNEL SYNDROME?

Carpal tunnel syndrome is a condition involving the hands caused by a "pinched" nerve at the wrist. It commonly causes the symptoms of numbness, tingling, or burning pain in the fingers, hand, or forearm. In rare circumstances, carpal tunnel syndrome can also cause very unusual symptoms that radiate up to your shoulder and neck.

The carpal tunnel is an actual tunnel in the wrist. The floor of that tunnel is the carpal bones of the wrist. The roof of that tunnel is formed by a tough, leathery ligament called the transverse carpal ligament. Through the carpal tunnel run the tendons that flex your fingers and thumb and also the median nerve. The median nerve provides sensation for the thumb, index, middle and ring fingers and also provides for the movements of your thumb. In many cases, the cause of carpal tunnel syndrome in a given person is unknown. Many conditions can contribute to the development of carpal tunnel syndrome including arthritis, diabetes, pregnancy, menopause, and thyroid disease.

If carpal tunnel syndrome is ignored for too long, permanent nerve damage can occur. One of the goals of surgery is to stop the progression of nerve damage. If carpal tunnel syndrome is caught early enough, surgery can cure the symptoms associated with carpal tunnel syndrome. After surgery, some patients feel an immediate improvement in their symptoms. In other patients, however, symptoms may temporarily worsen as the nerve "comes back to life." In some cases, patient's symptoms improve very slowly over a number of months. In the end, however, a huge majority of patients are very happy with the results of carpal tunnel surgery.



SURGICAL TREATMENT FOR CARPAL TUNNEL SYNDROME

The surgery performed for this condition is called a carpal tunnel release. It is typically an outpatient procedure that involves making an incision into the palm of the hand. During this procedure, the transverse carpal ligament is cut, releasing the pressure on the median nerve. The surgery may be performed under local anesthesia, Bier block (where the entire arm is asleep), or general anesthesia. Most likely, however, your surgery will be performed under a local anesthesia.

FEBRUARY 23, 2001

WARDEN: MR. REITZ
CUMB. CO. PRISON
1101 CLAREMONT RD.
CARLISLE, Pa. 17013

DEAR WARDEN: MR. REITZ

I am contacting your office concerning the medical Dept., one MR. Daniels.

I was taken to the BELVEDERE Medical Center the last week of January or the first week of February. I tried to get the proper dates, administration was reluctant in giving said dates. I was taken to the medical center by C. McGinny to have test performed on my right arm and hand pertaining to Corporal Tunnel. The test results were positive. DR. CRAIG J. JURGENSEN informed me that there was significant loss of nerve function. His recommendation, surgery to ease pressure on said nerves, so that feeling and coordination will be restored.

F

It has been approximately (3) weeks since I've had the tests. I called the Medical Center on February 22, 2001. The secretary told me the test results were sent to MR. Daniels's office weeks ago. This I already knew, for MR. Daniels told me this also, weeks ago. I can understand the test results inadvertently being sent to his private office. What I can not understand is; NURSE BURGESS has been calling numerous times asking to have said results faxed from DR. Daniels's office. MR. Daniels has come to this prison many times in the past few weeks, knowing that the Medical Department here at the prison have been contacting his office/secretary concerning these test results.

MR. Daniels and his office have been negligent, for ample time has patiently been given to have said results forwarded from his office.

I am contacting your office MR. Reitz, using the informal process first. I pray that this matter can be handled internally.

COPIES:

WARDEN: MR. Reitz
TREATMENT: MR. Sneed
MEDICAL: DR. Daniels

Respectfully
F

Amendment

On February 24, 2001, I RECEIVED the RELEVANT dates PERTAINING to attached letter.

On December 4, 2000 I went to sick-call to discuss that I was EXPERENCING numbness in my hand and FINGERS, along with deep pain up my arm too and including my elbow. DR Daniel's had arrangements made for test to be PERFORMED in relation to "CORPORAL TUNNEL."

Time table; December 4, 2000 until the test; January 22, 2001, a total of 38⁽⁴⁹⁾ days.

On January 22, 2001 test WERE PERFORMED, today is February 26, 2001. This is a time span 36 days. The test RESULTS ARE still not in the hands of the medical department here at the PRISON. I RETURNED to the medical department on February 21, 2001 too inform them that my symptoms WERE becoming IRRITATING. This is when NURSE BURGESS told me she would try again to have DR. Daniel's secretary FAX, OR DR. Daniel's himself bring the RESULTS FROM his office.

G

* Addition of days not
CORRECT.

I RETURNED to sick-call on Friday
the (February 23, 2001) I was told by NURSE
BURGESS she was still waiting for DR.
Daniel's secretary to fax them. I then
decided to wait and speak with DR. Daniel's
PERSONALLY. This I REGRET only lead to
DR. Daniel's becoming hostile with me.
I did not ARGUE with DR. Daniel's, as Lt.
Elgin Fritz was there. He can confirm
this if need be.

This is where things stand; Beginning
to present, 66 days have passed, as of
Monday - FEBRUARY 26, 2001; ⁽⁸⁴⁾ 36 days have
⁽⁴⁹⁾ passed waiting for test results from
DR. Daniel's office. And the waiting is
CONTINUAL MR. Reitz.

I CHARGE DR. Daniel's, and his office
with GROSS NEGLIGENCE.

Again I PRAY MR. Reitz that your
office can intervene, so that this injustice
may be CORRECTED internally

Respectfully, G
Date: February 24, 2001 Randy Alan Garner

CUMBERLAND COUNTY PRISON
REQUEST FORM

FROM: _____

DATE: _____

UNIT: _____

SECURITY STAFF

- ☐ WARDEN
- ☐ DEPUTY WARDEN-SECURITY
- ☐ DEPUTY WARDEN-OPERATIONS
- ☐ TRAINING SPECIALIST
- ☐ ACCOUNTS OFFICER
- ☐ RECORDS DEPARTMENT
- ☐ MAINTENANCE DEPARTMENT

Shiftleader: _____

TREATMENT STAFF

- ☐ DEPUTY WARDEN-TREATMENT
- ☐ WORK RELEASE MANAGERS
- ☐ MEDICAL DEPARTMENT
- ☐ EARNED TIME CASE MANAGER
- ☐ DRUG/ALCOHOL CASE MANAGER
- ☐ CORRECTIONAL COUNSELOR
- ☐ PSYCHOLOGIST
- ☐ CHAPLAIN
- ☐ INSTITUTIONAL PAROLE OFFICER

BE SPECIFIC IN EXPLAINING REQUEST

ANSWERED BY: Shirley SandDATE: 2/28/01

In reply to your correspondence dated 2/23/01 I have spoken with Dr. Daniels - his office staff reported pending your test results and we are not in receipt of them. Dr. Daniels has removed the test results and in his

GEN-5 *operation, corrective surgery is not* REVISED: 11-00

emergent. He further stated, that you are free

United States District Court
FOR THE
Middle District of Pennsylvania

Randy Alan Starner

V.

Michael O. Daniels, M.D.
et al.

No: 01-CV-757

(William W. Caldwell)
J.

Certificate of Service

I hereby certify that service of a true and correct copy of the enclosed, Plaintiff's Exhibits to Brief In Support of Motion for Denial of Defense Counsel's Motion to Dismiss Plaintiff's Complaint was sent to counsel of record this 4th day of October, 2001 by first class mail.

Andrea L. Bennett
Devlin & Devine
100 W. Elm Street
Conshohocken, Pa. 19428

Foulkrod Ellis
Professional Corporation
1800 Linglestown Road, Suite-3
Harrisburg, Pa. 17110

By: Randy Alan Starner